

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 - 0 1 4

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(10)(A)(ii)(XV)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 23e~~Supplement 1 to Attachment 2.6-A, page 6~~~~Supplement 2 to Attachment 2.6-A, page 8~~ PD

7. FEDERAL BUDGET IMPACT:

a. FFY 2000/01 \$1,861,400b. FFY 2001/02 \$1,861,4009. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 2.2-A, page 23e

N/A

N/A

10. SUBJECT OF AMENDMENT:

Adding Medicaid coverage for adolescents leaving the foster care program on
or after their 18th birthday up to age 21 years.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor's
Office does not wish to review State
Plan Amendments

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Gail Margolis

14. TITLE:

Deputy Director, Medical Care Services

15. DATE SUBMITTED:

10/24/00

16. RETURN TO:

Department of Health Services
Attn: State Plan Coordinator
714 P Street, Room 1640
Sacramento, CA 95814

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

October 26, 2000

18. DATE APPROVED:

January 18, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

State/Territory: California

Citation	Groups Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

under spousal deeming. The FPL for two is used for a married applicant when there is income counted under spousal deeming.

See Attachment 2.6-A, Page 12c for more liberal income and resource methodologies than those in the SSI program.

1902(a)(10)(A)(ii)(XV) of the Act

 X 25

(a) adolescents who were on foster care under the responsibility of the state on their 18th birthday are eligible for Medicaid until their 21st birthday without regard to their income and resources. This applies to all such children, regardless of living arrangements and with whom they reside.

Tn No. 00-014

Supersedes

Tn No. 00-006 P.D.

Approval Date JAN 18 2001

Effective Date 10/01/2000